



## Credit Card Payment Form

Camper Name(s) \_\_\_\_\_

Amount to be Charged      \$ \_\_\_\_\_

Name on Card \_\_\_\_\_

Credit Card Type \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Security Code \_\_\_\_\_      Expiration Date \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Please return this completed form to:

AACS Summer Programs  
109 Burns Crossing Road  
Severn, MD 21144